



**THIS APPLICATION MUST
BE FILED WITH THE TOWN OF
RAMAPO ASSESSOR ON OR BEFORE
MARCH 1**

NYS BOARD OF REAL PROPERTY SERVICES
RP-467 (7/05)

**APPLICATION FOR PARTIAL TAX EXEMPTION FOR REAL
PROPERTY OF SENIOR CITIZENS (AND FOR ENHANCED
TAX RELIEF (STAR) EXEMPTION)**

NOTE: General information and instructions for completing this form are contained in RP-467-Ins

Persons who qualify for the senior citizens exemption are also deemed eligible for the enhanced school tax relief (STAR) exemption. No separate application for the STAR exemption (RP-425) need be filed unless the assessor cannot determine eligibility for enhanced STAR based on this application. Application must be filed with your local assessor by taxable status date. Do not file this form with the State Board of Real Property Services.

1. Name and telephone no. of owner(s)

2. Mailing address of owner(s)

Day No. ()

Evening No. ()

E-mail address (optional)

3. Location of property:

Street address

City/Town

Village (if any)

School District

Property identification (see tax bill or assessment roll)

Tax map number or section/block/lot

4. Indicate documents submitted with application as proof of age of owners (See instruction #4):

_____ Birth certificate

_____ Baptismal certificate

_____ Other (specify)

5. Date applicant (s) acquired ownership of property (see instruction #5):

6. Indicate document submitted with application as proof of ownership (See instruction #6):

_____ Deed

_____ Mortgage

_____ Other (specify)

7. Do all the owners of the property presently reside on the premises? ____ Yes ____ No

If the answer to 7 is NO, is an owner receiving medical care as an in-patient in a residential health care facility? ____ Yes ____ No

If answer is YES, specify name and location of the facility.

If answer to 7 is NO, is the non-resident owner the spouse or former spouse of the resident owner who is absent from the residence due to divorce, legal separation or abandonment? ____ Yes ____ No

If answer is NO, explain.

8. Is any portion of the property used for other than residential purposes (farming, commercial, vacant land, professional office, etc.)? ____ Yes ____ No

If answer is Yes, explain such use and describe the portion that is so used.

Name of owner(s)	Source of income	Amount of income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of resident spouse(s) if not owner of property	Source of income of spouse(s)	Amount of income of spouse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

4.b. Subtotal of Income of Owner(s) and Spouse(s) \$ _____

4.c. Of the income in 4.b., how much, if any, was used to pay for an owner's care in a residential health care facility? Please attach proof of amount paid; enter zero if not applicable \$ _____

4.d. [(4.b.) minus (4.c.)] \$ _____

4.e. If a deduction for unreimbursed medical and prescription drug expenses is authorized by any of the municipalities in which property is located (contact assessor for information), complete the following:

(i) Medical and prescription drug costs; \$ _____

(ii) Subtract amount of (i) paid or reimbursed by insurance; \$ _____

(iii) Unreimbursed amount of (i) (attach proof of expenses and reimbursement, if any; enter zero if option not available); \$ _____

Subtotal income of owner(s) and spouse(s) [4.d. minus 4.e. (iii)] \$ _____

4.f. If a deduction for veteran's disability compensation is authorized by any of the municipalities in which property is located, complete the following:

Veteran's disability compensation received \$ _____

(attach proof; enter zero if not applicable)

Total income of owner(s) and spouse(s) [4.e. minus 4.f.] \$ _____

5. Certification

I certify that all statements made on this application are true and correct to the best of my belief. I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature	Marital Status	Phone No.	Date
(If more than one owner, all must sign)			
_____	_____	_____	_____
_____	_____	_____	_____

Space Below for use of Assessor

Date Renewal Application Filed _____	Application Approved <input type="checkbox"/>	Application Disapproved <input type="checkbox"/>
Exemption Applies to Taxes Levied by or for	<input type="checkbox"/> Town ___ %	<input type="checkbox"/> County ___ %
	<input type="checkbox"/> School ___ %	<input type="checkbox"/> Village ___ %
Assessor's Signature _____	Date _____	

13. Did owner or spouse file a federal or New York State Income Tax return for the preceding year?

_____ Yes _____ No If answer is YES, attach copy of such return or returns.
(See instruction #13.)

14. Does a child (or children), including those of tenants or lessees, reside on the property and attend a public school, grades K through 12? _____ Yes _____ No

If Yes, show name and location of school(s): _____

If Yes, was the child (or were the children) brought into the residence in whole or in substantial part for the purpose of attending a particular school within the school district? _____ Yes _____ No

I certify that all statements made on this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five years and a fine of not more than \$100.

Signature
(If more than one owner, all must sign)

Marital Status

Phone No.

Date

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPACE BELOW FOR USE OF ASSESSOR

Date application filed _____

Exemption applies to taxes levied by or for:

_____ Proof of age submitted	<input type="checkbox"/> Town	_____ %
_____ Proof of ownership submitted	<input type="checkbox"/> County	_____ %
_____ Application approved	<input type="checkbox"/> School	_____ %
_____ Application disapproved	<input type="checkbox"/> Village	_____ %

Assessor's signature

Date

THIS APPLICATION MUST BE FILED IN THE ASSESSORS OFFICE ON OR BEFORE BY MARCH 1ST

Town of Ramapo

STATEMENT OF INCOME FOR 2006

NAME OF OWNER OR OWNERS _____
 SWIS CODE _____ SECTION _____ PLOT _____

APPLICANT MUST CHECK ALL APPROPRIATE SOURCES OF INCOME AS LISTED BELOW FOR THE PRIOR YEAR (2006) AND ENTER AMOUNTS. **PROOF OF ITEMS CHECKED MUST ACCOMPANY THIS STATEMENT.** IF YOU FILED A FEDERAL AND/OR STATE TAX RETURN, **A COPY OF THE FEDERAL RETURN IS REQUIRED.** PLEASE FILE THIS FORM TOGETHER WITH APPLICATION.

<u>SOURCE OF INCOME</u>	<u>YES</u> <u>NO</u>	<u>AMOUNT</u>
1. SOCIAL SECURITY	____ YES ____ NO	1. _____
2. BONUSES	____ YES ____ NO	2. _____
3. SALARY OF WAGES, INCLUDING ANY PART-TIME EMPLOYMENT	____ YES ____ NO	3. _____
4. INTEREST	____ YES ____ NO	4. _____
5. NON-TAXABLE INTEREST ON STATE & LOCAL BONDS	____ YES ____ NO	5. _____
6. TOTAL DIVIDENDS	____ YES ____ NO	6. _____
7. NET RENTS PLUS CURRENT DEPRECIATION	____ YES ____ NO	7. _____
8. CAPITAL GAINS	____ YES ____ NO	8. _____
9. GAINS FROM SALES OR EXCHANGES	____ YES ____ NO	9. _____
10. NET INCOME FROM ESTATES OR TRUSTS	____ YES ____ NO	10. _____
11. NET EARNINGS FROM BUSINESS PROFESSION	____ YES ____ NO	11. _____
12. NET FARM INCOME	____ YES ____ NO	12. _____
13. MONIES RECEIVED FROM GOVT'L OR PRIVATE RETIREMENT OR PENSION	____ YES ____ NO	13. _____
14. ALIMONY OR SUPPORT MONEY	____ YES ____ NO	14. _____
15. DISABILITY PAYMENTS	____ YES ____ NO	15. _____
16. WOMEN'S COMPENSATION	____ YES ____ NO	16. _____
17. ANNUITY PAYMENTS	____ YES ____ NO	17. _____
18. UNEMPLOYMENT INSURANCE	____ YES ____ NO	18. _____
19. UNEMPLOYMENT INSURANCE	____ YES ____ NO	19. _____
20. OTHER	____ YES ____ NO	20. _____
21. TOTAL	____ YES ____ NO	21. _____

SIGNATURE (If more than one owner, all must sign)

_____ DATE _____

_____ DATE _____

APPLICATION SHOULD BE FILED BY MARCH 1ST AT THE OFFICE OF THE ASSESSOR, RAMAPO TOWN HALL, 237 ROUTE 59, SUFFERN, NY 10901